

# United States Fire Administration



## Technical Report Series

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### Nine-Fatality Mobile Home Fire Maxton, North Carolina



Federal Emergency Management Agency

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United States Fire Administration  
National Fire Data Center

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# **Nine-Fatality Mobile Home Fire Maxton, North Carolina (November 18, 1989)**

**Investigated by: Daniel J. Carpenter, Jr.**

This is Report 037 of the Major Fires Investigation Project conducted by TriData Corporation under contract EMW-88-C-2849 to the United States Fire Administration, Federal Emergency Management Agency.



**Federal Emergency Management Agency**



**United States Fire Administration  
National Fire Data Center**

### **U.S. Fire Administration Fire Investigations Program**

The U.S. Fire Administration develops reports on selected major fires throughout the country. The fires usually involve multiple deaths or a large loss of property. But the primary criterion for deciding to do a report is whether it will result in significant "lessons learned." In some cases these lessons bring to light new knowledge about fire -- the effect of building construction or contents, human behavior in fire, etc. In other cases, the lessons are not new but are serious enough to highlight once again, with yet another fire tragedy report.

The reports are sent to fire magazines and are distributed at national and regional fire meetings. The International Association of Fire Chiefs assists USFA in disseminating the findings throughout the fire service. On a continuing basis the reports are available on request from USFA.

This body of work provides detailed information on the nature of the fire problem for policymakers who must decide on allocations of resources between fire and other pressing problems, and within the fire service to improve codes and code enforcement, training, public fire education, building technology, and other related areas.

The Fire Administration, which has no regulatory authority, sends an experienced fire investigator into a community after a major incident only after having conferred with the local fire authorities to insure that USFA's assistance and presence would be supportive and in no way interfere with any review of the incident they are themselves conducting. The intent is not to arrive during the event or even immediately after, but rather after the dust settles, so that a complete and objective review of all the important aspects of the incident can be made. Local authorities review USFA's report while it is in draft. The USFA investigator or team is available to local authorities should they wish to request technical assistance for their own investigation.

This report and its recommendations were developed by USFA staff and by TriData Corporation, Arlington, Virginia, its staff and consultants, who are under contract to assist the Fire Administration in carrying out the Fire Reports Program.

The U.S. Fire Administration appreciates the cooperation and assistance received from Robeson, County Fire Marshal Charles M. Britt and County Manager James Martin, as well as the Assistant Director of the North Carolina State Bureau of Investigation Ray Eastman and Special Agents Randy Meyers and Niel Murphy.

Nine-Fatality Mobile Home Fire  
Maxton, North Carolina

November 18, 1989

Investigated by: Daniel J. Carpenter

Local Contacts: Charles M. Britt, Robeson County Fire Marshal  
James Martin, Robeson County Manager  
Agricultural Building  
108 W. 8th Street  
Lumberton, North Carolina 28358

Ray Eastman, Assistant Director  
Randy Meyers, Special Agent  
Niel Murphy, Special Agent  
State Bureau of Investigation  
P. O. Box 29500  
Raleigh, North Carolina 27626-0500

Overview

A mother (Lois Ann Hunt, 32) and her five children: Alisha, 12; Malissa, 11, Larry, 5, Bobby Ray, 3, and Nicki, 2, died in an early morning trailer fire on November 18 in Maxton, North Carolina. Also killed were their three cousins: Crystal Lynn, 6, Glenford, 4, and Daniel Presley Locklear, Jr., 2, of Route 2 in Maxton.

The mother of the three cousins who died in the fire Jo Ann Locklear (Ms. Hunt's neice) and Richard Eugene Tyndall, 22, were asleep on a sofa in the front room of the trailer when the fire occurred and were able to escape by using the front door.

Six children died in the middle bedroom of the mobile home. Jo Ann Locklear suffered minor burns to her hand and left arm when she attempted to reach them through a window from outside the trailer. Lois Hunt died in the back bedroom and the other two children in another room.

## The Fire

The fire occurred at approximately 0345 on Saturday. The Smiths Volunteer Fire Department answered the call from a neighbor, who had called the telephone operator.

According to early reports, the fire started in the area of a kerosene heater located in the hallway between the bathroom door and the back door of the 3-bedroom, 60-foot long trailer. The location of the heater and the intensity of the fire prevented the occupants from leaving by the back door of the trailer. According to Robeson County Fire Marshal Charles Britt, the Smiths Volunteer Fire Department was dispatched along with the Prospect Volunteer Fire Department. Both departments arrived at the scene of the fire in 10-12 minutes only to find the trailer fully engulfed in flames.

Neighbors indicated an explosion occurred during the early stages of the fire which may have contributed to the rapid spread of the fire.

## Background

Ms. Locklear, who was visiting the Hunt family, said that Ms. Hunt told her oldest daughter, Alisha, to be sure the kerosene heater was filled before going to bed at approximately 1000 hours the evening before the fire. Early the next morning (0300 hours) she awakened to hear Ms. Hunt again tell Alisha to refill the heater. Alisha responded, but stated the can was too heavy to lift. Ms. Hunt told Alisha to wait and she would help her after she finished getting ready for work. Alisha proceeded to drag the five gallon "Gerry" can down the hall and refill the the heater. Burn patterns indicate that she apparently spilled some liquid on the floor in the area of the heater, which ignited shortly thereafter.

It is not determined if Alisha re-ignited the kerosene heater and went back to bed, but shortly thereafter Jo Ann Locklear and her companion Richard Eugene Tyndall heard Ms. Hunt screaming "save the babies." Ms. Locklear and her companion exited by the front door and proceeded to break

out the children's bedroom window where six of the children were sleeping. They were able to grasp one of the children's hands but were unable to accomplish rescue because of the intense heat and flames. They could also hear some of the other children crying which would indicate that at least some, if not all, of the children were awake at the time of the fire.

Preliminary investigation of the heater revealed that the glass inserts used to view the flame and also the door to adjust the level of the wick were both missing. This could have been the direct ignition source of heat. There were no smoke detectors nor sprinkler systems in the trailer. It is also believed that the bedroom doors were open during the fire, which would help cause the rapid spread of the fire.

#### Lessons Learned

1. Public education and manufacturers' instructions need to focus on proper use and location of portable space heaters, especially those involving kerosene.

Due to misuse they have been involved in many fires resulting in deaths and serious injuries, especially in rural areas in the Southeast, such as where this fire occurred.

2. Families living in mobile homes must have working smoke detectors.

This should be a focus of rural public fire education, and can be directed to concentration of mobile homes.

3. Families living in mobile homes need to plan and practice ways to get out from bedrooms with small windows.

Many people, especially children, die because they cannot escape from these rooms at night.

4. Emergency exit doors are needed and should be encouraged.

Sometimes jalousied windows in mobile homes make escape virtually impossible.

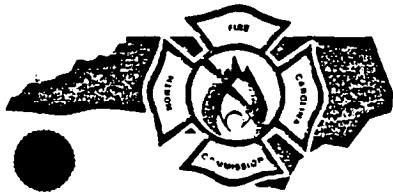
5. Sprinklering mobile homes would surely reduce the high fire death toll from fire's such as this one.



## Appendix A

### **North Carolina Fire Incident and Casualty Reports**

FDID <b>07822</b>		Department Name <b>Smith's</b>				County <b>078</b>	Exp.	Incident No. <b>1494</b>	
Mo. <b>11</b>	Day <b>18</b>	Yr. <b>87</b>	Day of Week <b>7</b>	Alarm Time <b>405</b>	Time Out <b>413</b>	Arr. Time <b>417</b>	Time In <b>1410</b>	Tot. Time Out <b>1005</b>	
IDENT ADDRESS Street <b>Route #2, Box 146 HJ</b> City <b>Maxton</b>						Rm. or Apt.		FIRE SERVICE RESPONSE	
						State <b>NC</b>		Zip <b>28364</b>	Personnel <b>117</b>
OCCUPANT NAME <b>Hunt, Lois Ann</b>		Last, First <b>Hunt, Lois Ann</b>		Phone <b>( )</b>		Mutual Aid (check one) 1 <input checked="" type="checkbox"/> Received 2 <input type="checkbox"/> Given 3 <input type="checkbox"/> Not Apply		Engines <b>111</b>	
OWNER NAME <b>Hunt, Lois Ann</b>		Last, First <b>Hunt, Lois Ann</b>		Phone <b>( )</b>		Aerials <b>111</b>		Tankers <b>111</b>	
OWNER ADDRESS Street <b>Route #2, Box 146 HJ</b> City <b>Maxton</b>		State <b>NC</b>		ZIP <b>28364</b>		Other Vehicles <b>111</b>		Hazardous Materials Involved 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
PLEASE PUT APPROPRIATE CODE NUMBER IN BOX FOR EACH CATEGORY									
METHOD OF ALARM FROM PUBLIC 1 Telephone 2 Municipal alarm system 3 Private alarm system 4 Radio 5 Verbal 6 Home dialer 7 Tie-line 8 Voice signal: Fire alarm system 9 Other <b>1</b>		TYPE OF SITUATION FOUND 11 Structure fire 12 Any fire outside a structure where the material burning has a value 13 Vehicle fire 14 Trees, brush, grass fire 15 Refuse fire (material burning has no value) 16 Explosion, no after-fire 17 Outside spill, leak with fire		19 Fire/explosion not classified 20 Overpressure rupture (no combustion) 30 Rescue 32 EMS only 40 Hazardous condition 50 Service call 60 Good intent call 71 False malicious 73 False malfunction 74 False unintentional 99 Other situation found		TYPE OF ACTION TAKEN 1 Extinguishment <b>1</b> 2 Rescue 3 Investigation 4 Remove hazard 5 Standby <b>3</b> 6 Salvage 7 Ambulance 8 Fill in, move up 9 Cancelled enroute 10 Water supply Is property abandoned/vacant? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		No. Incident-related injuries Fire Srv. <b>10</b> Other <b>2</b> No. Incident-related fatalities Fire Srv. <b>10</b> Other <b>9</b> Is juvenile involved in ignition? 1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO	
Fill in this section if "TYPE OF SITUATION FOUND" is 11, 12, 13, 16, 17, 19 ONLY (14, Optional) (Refer to coding sheet)						Fixed Property Use <b>400</b>			
Initiation Factor <b>40</b>		Area of Fire Origin <b>01</b>		Equipment Involved in Ignition <b>10</b>		Form of Material Ignited <b>10</b>			
Form of Heat of Ignition <b>10</b>		Type of Material Ignited <b>20</b>		Form of Material Ignited <b>10</b>		PROPERTY DAMAGE CLASSIFICATIONS Total estimated damage 1 \$1-99 6 \$50,000-149,999 2 \$100-999 7 \$150,000-499,999 3 \$1,000-9,999 8 \$500,000-999,999 4 \$10,000-24,999 9 \$1,000,000 OR MORE 5 \$25,000-49,999 0 NO DOLLAR LOSS Value <b>3</b> Damaged <b>3</b>			
If Heating Equipment Involved, Type of Fuel Used 1 Kerosene 2 LPG 3 Electric 4 Wood 5 Coal 6 Oil 7 Natural Gas 8 Gasoline 9 Other 0 Not Apply <b>1</b>		CONDITION UPON ARRIVAL 1 Overheat 2 Smoldering 3 Open flame <b>3</b> 8 Out on arrival		MOBILE PROPERTY TYPE 11 Automobile 12 Bus 13 All-terrain vehicle 14 Motor home 15 Travel trailer 17 Mobile home 20 Freight road transport 30 Rail transport 40 Water transport 50 Air transport 60 Heavy equipment 70 Special vehicles, containers 99 Other mobile property types <b>17</b>		Fire Referred for Investigation to: <b>SBI + R.C. Fire Marshal</b> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/>			
If Mobile Property Yr. <b>73</b> Make <b>Taylor</b> Model <b>Not Applicable</b> St. <b>Not Applicable</b> Lic. Number <b>CH60123 FK 10773</b>		If Equipment Involved in Ignition Yr. <b>73</b> Item <b>Taylor</b> Make <b>Not Applicable</b> Model <b>Not Applicable</b> Serial Number <b>CH60123 FK 10773</b>		Serial Number/VIN <b>CH60123 FK 10773</b>		Serial Number <b>CH60123 FK 10773</b>			
NO. OF STORIES 1 Single Story 2 Two Stories 3 3 or 4 4 5 or 6 5 7 to 10 6 11 to 20 7 21 to 50 8 Over 50 9 Below Grade		EXTENT OF DAMAGE 1 Confined to the object of origin 2 Confined to part of room or area of origin 3 Confined to room of origin 4 Confined to fire-rated comp. of origin 5 Confined to floor of origin 6 Confined to structure of origin 7 Extended beyond structure of origin 9 No damage of this type		Flame <b>7</b> Smoke <b>7</b> Water <b>7</b>		DETECTOR PERFORMANCE 1 <input checked="" type="checkbox"/> Present 2 <input type="checkbox"/> Not Present If Present, Type of Closest Unit 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat Power Supply 1 <input type="checkbox"/> Battery 2 <input checked="" type="checkbox"/> A/C 1 In room of fire: operated 2 Not in room of fire: operated 3 In room of fire: did not operate 4 Not in room of fire: did not operate 5 In room: fire too small to operate 9 Not classified (Not Apply) <b>9</b>			
Building Height <b>1</b>		CONSTRUCTION TYPE 1 Fire resistive 2 Noncombustible 3 Heavy timber 4 Ordinary 5 Frame <b>4</b> 0 Other		SPRINKLER PERFORMANCE 1 Equipment operated 2 Equipment in service, did not operate 3 Equipment present: fire too small to operate 8 No equipment present in room/space of fire origin 9 Equipment not in service		Remarks: <b>A.C. Lowry: Chief</b> <b>Charles M. Britt, Jr.</b> <b>R.C. Fire Marshal</b> <b>DEPARTMENT COPY</b>			



**N.C. STATE FIRE COMMISSION**  
**DEPARTMENT OF INSURANCE**  
P.O. Box 26387  
RALEIGH, N.C. 27611  
**NORTH CAROLINA FIRE CASUALTY REPORT**  
Smith's FIRE DEPARTMENT

1. ☐ DELETE  
2. ☐ CHANGE

FDID <b>07822</b>	INCIDENT NO. <b>11494</b>	EXP. NO.	MO. <b>11</b>	DAY <b>18</b>	YR. <b>89</b>	DAY OF THE WEEK <b>7</b>	ALARM TIME <b>1405</b>	TIME IN SERVICE <b>413</b>
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CASUALTY LAST NAME <b>Hunt</b>	FIRST NAME <b>Lois</b>	MI. <b>A</b>	D.O.B. MO. <b>5</b> YR. <b>53</b>	AGE <b>31</b>	TIME OF INJURY <b>1405</b>
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HOME ADDRESS  
**Route #2, Box 146 H5, Maxton, N.C. 28364**

SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
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FAMILIARITY WITH STRUCTURE

1. <input type="checkbox"/> LESS THAN 1 DAY.	3. <input type="checkbox"/> 8 TO 30 DAYS.	5. <input type="checkbox"/> 3 TO 6 MONTHS.	7. <input checked="" type="checkbox"/> OVER 1 YEAR.
2. <input type="checkbox"/> 1 TO 7 DAYS.	4. <input type="checkbox"/> 1 TO 2 MONTHS.	6. <input type="checkbox"/> 7 TO 12 MONTHS.	8. <input type="checkbox"/> NOT A STRUCTURE.
0. <input type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.			

LOCATION AT IGNITION

1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.
2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES.	6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.
3. <input checked="" type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.	8. <input type="checkbox"/> NOT A FIRE CASUALTY.
4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.
	0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.

CONDITION BEFORE INJURY

1. <input type="checkbox"/> ASLEEP.	4. <input type="checkbox"/> UNDER RESTRAINT.	7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE.
2. <input type="checkbox"/> BRODDEN, OTHER PHYSICAL HANDICAP.	5. <input type="checkbox"/> TOO YOUNG TO ACT.	8. <input checked="" type="checkbox"/> AWAKE, UNIMPAIRED.
3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL.	6. <input type="checkbox"/> TOO OLD TO ACT.	
9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.		
0. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.		

CONDITION PREVENTING ESCAPE

1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.	6. <input type="checkbox"/> MOVED TO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES.
2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT.	7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION.
3. <input type="checkbox"/> LOCKED DOOR.	8. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.
4. <input type="checkbox"/> ILLEGAL GATES, LOCKS.	9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.
5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING.	0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.

ACTIVITY AT TIME OF INJURY

1. <input type="checkbox"/> ESCAPING.	4. <input type="checkbox"/> RESPONSE/RETURN.	CAUSE OF INJURY	4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO.
2. <input type="checkbox"/> RESCUE ATTEMPT.	5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP.	1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN: TRAPPED BY.	5. <input type="checkbox"/> OVEREXERTION.
3. <input type="checkbox"/> FIRE CONTROL.	6. <input type="checkbox"/> SLEEPING.	2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS.	6. <input type="checkbox"/> RUBBED BY, CONTACT WITH.
9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.	7. <input type="checkbox"/> UNABLE TO ACT.	3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2).	7. <input type="checkbox"/> STRUCK BY.
0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	8. <input type="checkbox"/> IRRATIONAL ACTION.	9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.	8. <input type="checkbox"/> NOT APPLICABLE.
	0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.	

NATURE OF INJURY (MOST SERIOUS)

1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE.	6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES.
2. <input type="checkbox"/> BURNS ONLY.	7. <input type="checkbox"/> SHOCK.
3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY.	8. <input type="checkbox"/> STRAIN, SPRAIN.
4. <input type="checkbox"/> WOUND, CUT, BLEEDING.	9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE.
5. <input type="checkbox"/> DISLOCATION, FRACTURE.	0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.

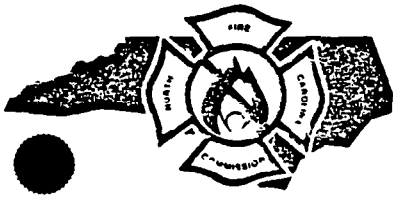
PART OF BODY INJURED

1. <input type="checkbox"/> HEAD, NECK.	7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.	DISPOSITION
2. <input type="checkbox"/> BODY, TRUNK, BACK.	8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS.	1. <input type="checkbox"/> REFUSED HELP.
3. <input type="checkbox"/> ARM.	9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE.	2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.
4. <input type="checkbox"/> LEG.	0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.
5. <input type="checkbox"/> HAND.		4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE.
6. <input type="checkbox"/> FOOT.		5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.
		6. <input checked="" type="checkbox"/> DIED.
		9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.
		0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

PERSON MAKING REPORT  
**Charles M. Britt, Jr., Fire Marshal**

CASUALTY NUMBER  
**819121**

WHITE, DEPARTMENT COPY - CANARY, COUNTY COPY - PINK, STATE COPY



**N.C. STATE FIRE COMMISSION**  
**DEPARTMENT OF INSURANCE**  
 P.O. Box 26387  
 RALEIGH, N.C. 27611  
**NORTH CAROLINA FIRE CASUALTY REPORT**  
*Smith's* FIRE DEPARTMENT

1. ☐ DELETE  
 2. ☐ CHANGE

FDID 07822 INCIDENT NO. 111494 EXP. NO. 111889 MO. 7 DAY 11 YR. 89 DAY OF THE WEEK 7 ALARM TIME 405 TIME IN SERVICE 413

CASUALTY LAST NAME Lucklear, III FIRST NAME Daniel MI. P D.O.B. 12-86 AGE 16 TIME OF INJURY 4105

HOME ADDRESS Route #3 Box 252A Maxton, N.C. 28364

SEX ☒ MALE ☐ FEMALE CASUALTY TYPE ☒ FIRE CASUALTY ☐ ACTION CASUALTY SEVERITY ☐ INJURY ☒ DEATH AFFILIATION ☐ FIRE SERVICE ☐ OTHER EMERGENCY PERSONNEL ☒ CIVILIAN

## FAMILIARITY WITH STRUCTURE

1. ☐ LESS THAN 1 DAY. 3. ☐ 8 TO 30 DAYS. 5. ☐ 3 TO 6 MONTHS. 7. ☐ OVER 1 YEAR.  
 2. ☐ 1 TO 7 DAYS. 4. ☐ 1 TO 2 MONTHS. 6. ☐ 7 TO 12 MONTHS. 8. ☐ NOT A STRUCTURE.  
 0. ☒ FAMILIARITY UNDETERMINED OR NOT REPORTED.

## LOCATION AT IGNITION

1. ☐ FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING. 5. ☐ FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.  
 2. ☐ FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES. 6. ☐ FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.  
 3. ☒ FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE. 8. ☐ NOT A FIRE CASUALTY.  
 4. ☐ FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE. 9. ☐ LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.  
 0. ☐ LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.

## CONDITION BEFORE INJURY

1. ☐ ASLEEP. 4. ☐ UNDER RESTRAINT. 7. ☐ MENTALLY HANDICAPPED, SENILE.  
 2. ☐ BEDRIDDEN, OTHER PHYSICAL HANDICAP. 5. ☐ TOO YOUNG TO ACT. 8. ☐ AWAKE, UNIMPAIRED.  
 3. ☐ IMPAIRED BY DRUGS, ALCOHOL. 6. ☐ TOO OLD TO ACT.  
 9. ☐ CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.  
 0. ☒ CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.

## CONDITION PREVENTING ESCAPE

1. ☐ NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY. 6. ☐ MOVED TOO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES.  
 2. ☐ FIRE BETWEEN CASUALTY AND EXIT. 7. ☐ VICTIM INCAPACITATED PRIOR TO IGNITION.  
 3. ☐ LOCKED DOOR. 8. ☐ NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.  
 4. ☐ ILLEGAL GATES, LOCKS. 9. ☐ CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.  
 5. ☐ CLOTHING ON CASUALTY BURNING. 0. ☐ CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.

## ACTIVITY AT TIME OF INJURY

4. ☐ RESPONSE/RETURN. 5. ☐ CLEANUP, SALVAGE, MOP-UP. 6. ☐ SLEEPING. 7. ☐ UNABLE TO ACT. 8. ☐ IRRATIONAL ACTION.  
 1. ☐ ESCAPING. 9. ☐ ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.  
 2. ☐ RESCUE ATTEMPT. 0. ☒ ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.  
 3. ☐ FIRE CONTROL.

## CAUSE OF INJURY

1. ☐ CAUGHT IN, UNDER, BETWEEN; TRAPPED BY. 4. ☐ FELL OR STEPPED ON, OVER, INTO.  
 2. ☒ EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS. 5. ☐ OVEREXERTION.  
 3. ☐ EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 6. ☐ RUBBED BY, CONTACT WITH.  
 7. ☐ STRUCK BY. 8. ☐ NOT APPLICABLE.  
 9. ☐ CAUSE OF INJURY NOT CLASSIFIED ABOVE.  
 0. ☐ CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.

## NATURE OF INJURY(MOST SERIOUS)

1. ☒ BURNS AND ASPHYXIA/SMOKE. 6. ☐ COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES.  
 2. ☐ BURNS ONLY. 7. ☐ SHOCK.  
 3. ☐ ASPHYXIA/SMOKE ONLY. 8. ☐ STRAIN, SPRAIN.  
 4. ☐ WOUND, CUT, BLEEDING. 9. ☐ NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE.  
 5. ☐ DISLOCATION, FRACTURE. 0. ☐ NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.

## PART OF BODY INJURED

7. ☐ INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.  
 1. ☐ HEAD, NECK. 8. ☒ MULTIPLE BODY PARTS.  
 2. ☐ BODY, TRUNK, BACK. 9. ☐ PART OF BODY INJURED NOT CLASSIFIED ABOVE.  
 3. ☐ ARM. 0. ☐ PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.  
 4. ☐ LEG.  
 5. ☐ HAND.  
 6. ☐ FOOT.

## DISPOSITION

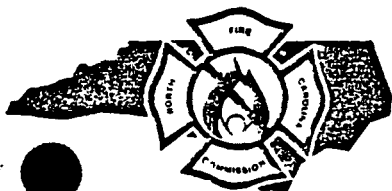
1. ☐ REFUSED HELP. 2. ☐ TREATED AT SCENE AND RELEASED. 3. ☐ TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE. 4. ☐ TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE. 5. ☐ TAKEN TO OTHER THAN A HOSPITAL. 6. ☒ DIED. 7. ☐ DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 8. ☐ DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

## PERSON MAKING REPORT

Charles M. Britt, Jr.; Fire Marshal

CASUALTY NUMBER 819113

WHITE, DEPARTMENT COPY - CANARY, COUNTY COPY - PINK, STATE COPY



**N.C. STATE FIRE COMMISSION**  
**DEPARTMENT OF INSURANCE**  
P.O. Box 26387  
RALEIGH, N.C. 27611  
**NORTH CAROLINA FIRE CASUALTY REPORT**

Smith's

FIRE DEPARTMENT

1. ☐ DELETE  
2. ☐ CHANGE

FDID <b>07822</b>	INCIDENT NO. <b>11/14/94</b>	EXP. NO. <b>11/18/94</b>	MO. <b>11</b>	DAY <b>18</b>	YR. <b>94</b>	DAY OF THE WEEK <b>7</b>	ALARM TIME <b>1405</b>	TIME - "IN SERVICE" <b>1413</b>
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CASUALTY LAST NAME <b>Luckear</b>	FIRST NAME <b>Glenford</b>	MI. <b></b>	D.O.B. <b>3/5/55</b>	AGE <b>39</b>	TIME OF INJURY <b>1405</b>
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HOME ADDRESS <b>Route #3, Box 252A Maxton N.C. 28364</b>
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SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
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FAMILIARITY WITH STRUCTURE			
1. <input type="checkbox"/> LESS THAN 1 DAY.	3. <input type="checkbox"/> 9 TO 30 DAYS.	5. <input type="checkbox"/> 3 TO 6 MONTHS.	7. <input type="checkbox"/> OVER 1 YEAR.
2. <input type="checkbox"/> 1 TO 7 DAYS.	4. <input type="checkbox"/> 1 TO 2 MONTHS.	6. <input type="checkbox"/> 7 TO 12 MONTHS.	8. <input type="checkbox"/> NOT A STRUCTURE.
0. <input checked="" type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.			

LOCATION AT IGNITION		5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.	
1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE: IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.		6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.	
2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES.		8. <input type="checkbox"/> NOT A FIRE CASUALTY.	
3. <input checked="" type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.		9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.	
4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.		0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.	

CONDITION BEFORE INJURY			
1. <input type="checkbox"/> ASLEEP.	4. <input type="checkbox"/> UNDER RESTRAINT.	7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE.	
2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP.	5. <input type="checkbox"/> TOO YOUNG TO ACT.	8. <input type="checkbox"/> AWAKE, UNIMPAIRED.	
3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL.	6. <input type="checkbox"/> TOO OLD TO ACT.		
9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.			
0. <input checked="" type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.			

CONDITION PREVENTING ESCAPE		6. <input type="checkbox"/> MOVED TO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES.	
1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.		7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION.	
2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT.		8. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.	
3. <input type="checkbox"/> LOCKED DOOR.		9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.	
4. <input type="checkbox"/> ILLEGAL GATES, LOCKS.		0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.	
5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING.			

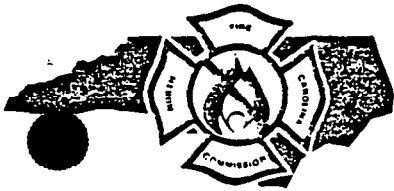
ACTIVITY AT TIME OF INJURY		CAUSE OF INJURY	
1. <input type="checkbox"/> ESCAPING.	4. <input type="checkbox"/> RESPONSE/RETURN.	1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN: TRAPPED BY.	4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO.
2. <input type="checkbox"/> RESCUE ATTEMPT.	5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP.	2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS.	5. <input type="checkbox"/> OVEREXERTION.
3. <input type="checkbox"/> FIRE CONTROL.	6. <input type="checkbox"/> SLEEPING.	3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2).	6. <input type="checkbox"/> RUBBED BY, CONTACT WITH.
9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.	7. <input type="checkbox"/> UNABLE TO ACT.	9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.	7. <input type="checkbox"/> STRUCK BY.
0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	8. <input type="checkbox"/> IRRATIONAL ACTION.	0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.	8. <input type="checkbox"/> NOT APPLICABLE.

NATURE OF INJURY (MOST SERIOUS)		6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES.	
1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE.		7. <input type="checkbox"/> SHOCK.	
2. <input type="checkbox"/> BURNS ONLY.		8. <input type="checkbox"/> STRAIN, SPRAIN.	
3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY.		9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE.	
4. <input type="checkbox"/> WOUND, CUT, BLEEDING.		0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.	
5. <input type="checkbox"/> DISLOCATION, FRACTURE.			

PART OF BODY INJURED		DISPOSITION	
1. <input type="checkbox"/> HEAD, NECK.	7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.	1. <input type="checkbox"/> REFUSED HELP.	
2. <input type="checkbox"/> BODY, TRUNK, BACK.	8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS.	2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.	
3. <input type="checkbox"/> ARM.	9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE.	3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.	
4. <input type="checkbox"/> LEG.	0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE.	
5. <input type="checkbox"/> HAND.		5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.	
6. <input type="checkbox"/> FOOT.		6. <input checked="" type="checkbox"/> DIED.	
		9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.	
		0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.	

PERSON MAKING REPORT <b>Charles M. Britt, Jr., Fire Marshal</b>	CASUALTY NUMBER <b>819114</b>
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WHITE, DEPARTMENT COPY - CANARY, COUNTY COPY - PINK, STATE COPY



**N.C. STATE FIRE COMMISSION**  
**DEPARTMENT OF INSURANCE**  
 P.O. Box 26387  
 RALEIGH, N.C. 27611  
**NORTH CAROLINA FIRE CASUALTY REPORT**

Smith's FIRE DEPARTMENT

1. ☐ DELETE  
 2. ☐ CHANGE

FOID <u>07822</u>	INCIDENT NO. <u>11/14/94</u>	EXP. NO. <u>11/18/94</u>	MO. <u>11</u>	DAY <u>18</u>	YR. <u>89</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>4:05</u>	TIME "IN SERVICE" <u>1413</u>
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CASUALTY LAST NAME <u>Locklear</u>	FIRST NAME <u>Crystal</u>	MI. <u>L</u>	D.O.B. <u>11/83</u>	AGE <u>16</u>	TIME OF INJURY <u>1405</u>
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HOME ADDRESS  
Route #3 Box 252A Maxton, N.C. 28364

SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
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FAMILIARITY WITH STRUCTURE

1. <input type="checkbox"/> LESS THAN 1 DAY.	3. <input type="checkbox"/> 8 TO 30 DAYS.	5. <input type="checkbox"/> 3 TO 6 MONTHS.	7. <input type="checkbox"/> OVER 1 YEAR.
2. <input type="checkbox"/> 1 TO 7 DAYS.	4. <input type="checkbox"/> 1 TO 2 MONTHS.	6. <input type="checkbox"/> 7 TO 12 MONTHS.	8. <input type="checkbox"/> NOT A STRUCTURE.

0. ☒ FAMILIARITY UNDETERMINED OR NOT REPORTED.

LOCATION AT IGNITION

1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.
2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES.	6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.
3. <input checked="" type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.	8. <input type="checkbox"/> NOT A FIRE CASUALTY.
4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.
	0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.

CONDITION BEFORE INJURY

1. <input type="checkbox"/> ASLEEP.	4. <input type="checkbox"/> UNDER RESTRAINT.	7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE.
2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP.	5. <input type="checkbox"/> TOO YOUNG TO ACT.	8. <input type="checkbox"/> AWAKE, UNIMPAIRED.
3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL.	6. <input type="checkbox"/> TOO OLD TO ACT.	
9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.		
0. <input checked="" type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.		

CONDITION PREVENTING ESCAPE

1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.	6. <input type="checkbox"/> MOVED TO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES.
2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT.	7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION.
3. <input type="checkbox"/> LOCKED DOOR.	8. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.
4. <input type="checkbox"/> ILLEGAL GATES, LOCKS.	9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.
5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING.	0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.

ACTIVITY AT TIME OF INJURY	4. <input type="checkbox"/> RESPONSE/RETURN.	CAUSE OF INJURY	4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO.
1. <input type="checkbox"/> ESCAPING.	5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP.	1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY.	5. <input type="checkbox"/> OVEREXERTION.
2. <input type="checkbox"/> RESCUE ATTEMPT.	6. <input type="checkbox"/> SLEEPING.	2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS.	6. <input type="checkbox"/> RUBBED BY, CONTACT WITH.
3. <input type="checkbox"/> FIRE CONTROL.	7. <input type="checkbox"/> UNABLE TO ACT.	3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2).	7. <input type="checkbox"/> STRUCK BY.
9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.	8. <input type="checkbox"/> IRRATIONAL ACTION.	9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.	8. <input type="checkbox"/> NOT APPLICABLE.
0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.		0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.	

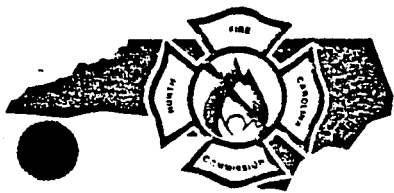
NATURE OF INJURY (MOST SERIOUS)

1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE.	6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES.
2. <input type="checkbox"/> BURNS ONLY.	7. <input type="checkbox"/> SHOCK.
3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY.	8. <input type="checkbox"/> STRAIN, SPRAIN.
4. <input type="checkbox"/> WOUND, CUT, BLEEDING.	9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE.
5. <input type="checkbox"/> DISLOCATION, FRACTURE.	0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.

PART OF BODY INJURED	DISPOSITION
1. <input type="checkbox"/> HEAD, NECK.	1. <input type="checkbox"/> REFUSED HELP.
2. <input type="checkbox"/> BODY, TRUNK, BACK	2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.
3. <input type="checkbox"/> ARM.	3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.
4. <input type="checkbox"/> LEG.	4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NON-FIRE DEPARTMENT VEHICLE.
5. <input type="checkbox"/> HAND.	5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.
6. <input type="checkbox"/> FOOT.	6. <input checked="" type="checkbox"/> DIED.
7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.	9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.
8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS.	0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.
9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE.	
0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	

PERSON MAKING REPORT  
Charles M. Britt, Jr. Fire Marshal

CASUALTY NUMBER  
81915



**N.C. STATE FIRE COMMISSION**  
**DEPARTMENT OF INSURANCE**  
**P.O. Box 26387**  
**RALEIGH, N.C. 27611**  
**NORTH CAROLINA FIRE CASUALTY REPORT**  
Smith's FIRE DEPARTMENT

1. ☐ DELETE  
 2. ☐ CHANGE

FDID <u>07822</u>	INCIDENT NO. <u>11494</u>	EXP. NO. <u>11</u>	MO. <u>11</u>	DAY <u>18</u>	YR. <u>89</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>4:05</u>	TIME "IN SERVICE" <u>1413</u>
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CASUALTY LAST NAME <u>Hunt</u>	FIRST NAME <u>Mikkie</u>	MI. <u>M</u>	O.O.B. <u>1</u>	YR. <u>87</u>	AGE <u>3</u>	TIME OF INJURY <u>4:05</u>
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HOME ADDRESS  
Route #2, Box 146 H5; Maxton, N.C. 28364

SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
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FAMILIARITY WITH STRUCTURE

1. <input type="checkbox"/> LESS THAN 1 DAY. 2. <input type="checkbox"/> 1 TO 7 DAYS.	3. <input type="checkbox"/> 8 TO 30 DAYS. 4. <input type="checkbox"/> 1 TO 2 MONTHS.	5. <input type="checkbox"/> 3 TO 6 MONTHS. 6. <input type="checkbox"/> 7 TO 12 MONTHS.	7. <input checked="" type="checkbox"/> OVER 1 YEAR. 8. <input type="checkbox"/> NOT A STRUCTURE.
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0. ☐ FAMILIARITY UNDETERMINED OR NOT REPORTED.

LOCATION AT IGNITION

1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.
2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES.	6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.
3. <input checked="" type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.	8. <input type="checkbox"/> NOT A FIRE CASUALTY.
4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.
	0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.

CONDITION BEFORE INJURY

1. <input type="checkbox"/> ASLEEP.	4. <input type="checkbox"/> UNDER RESTRAINT.	7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE.
2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP.	5. <input type="checkbox"/> TOO YOUNG TO ACT.	8. <input type="checkbox"/> AWAKE, UNIMPAIRED.
3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL.	6. <input type="checkbox"/> TOO OLD TO ACT.	
9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.		
0. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.		

CONDITION PREVENTING ESCAPE

1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.	6. <input type="checkbox"/> MOVED TO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES.
2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT.	7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION.
3. <input type="checkbox"/> LOCKED DOOR.	8. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.
4. <input type="checkbox"/> ILLEGAL GATES, LOCKS.	9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.
5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING.	0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.

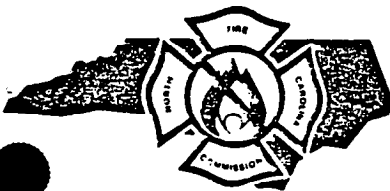
ACTIVITY AT TIME OF INJURY 1. <input type="checkbox"/> ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT. 3. <input type="checkbox"/> FIRE CONTROL. 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	4. <input type="checkbox"/> RESPONSE/RETURN. 5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP. 6. <input type="checkbox"/> SLEEPING. 7. <input type="checkbox"/> UNABLE TO ACT. 8. <input type="checkbox"/> IRRATIONAL ACTION.	CAUSE OF INJURY 1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY. 2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS. 3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.	4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO. 5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE.
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NATURE OF INJURY (MOST SERIOUS)

1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE.	6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES.
2. <input type="checkbox"/> BURNS ONLY.	7. <input type="checkbox"/> SHOCK.
3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY.	8. <input type="checkbox"/> STRAIN, SPRAIN.
4. <input type="checkbox"/> WOUND, CUT, BLEEDING.	9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE.
5. <input type="checkbox"/> DISLOCATION, FRACTURE.	0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.

PART OF BODY INJURED 1. <input type="checkbox"/> HEAD, NECK. 2. <input type="checkbox"/> BODY, TRUNK, BACK. 3. <input type="checkbox"/> ARM. 4. <input type="checkbox"/> LEG. 5. <input type="checkbox"/> HAND. 6. <input type="checkbox"/> FOOT.	7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART. 8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS. 9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	DISPOSITION 1. <input type="checkbox"/> REFUSED HELP. 2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED. 3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE. 4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE. 5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL. 6. <input checked="" type="checkbox"/> DIED. 9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.
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PERSON MAKING REPORT <u>Charles M. Britt, Jr.; Fire Marshal</u>	CASUALTY NUMBER <u>819116</u>
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## N.C. STATE FIRE COMMISSION

DEPARTMENT OF INSURANCE

P.O. Box 26387

RALEIGH, N.C. 27611

## NORTH CAROLINA FIRE CASUALTY REPORT

Smith's

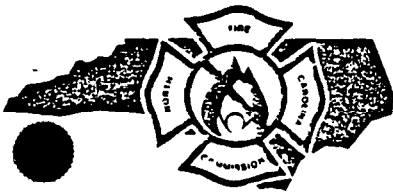
FIRE DEPARTMENT

1. ☐ DELETE  
2. ☐ CHANGE

FDID <u>07822</u>	INCIDENT NO. <u>11494</u>	EXP. NO. <u>11</u>	MO. <u>11</u>	DAY <u>18</u>	YR. <u>89</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>1405</u>	TIME - "IN SERVICE" <u>1413</u>
CASUALTY LAST NAME <u>Hunt, Jr.</u>		FIRST NAME <u>Bobby</u>		MI. <u>R</u>	D.O.B. <u>12</u>	YR. <u>85</u>	AGE <u>14</u>	TIME OF INJURY <u>1405</u>
HOME ADDRESS <u>Route #2, Box 146 HT, Maxton, N.C. 28364</u>								
SEX 1. <input checked="" type="checkbox"/> MALE 2. <input type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY		SEVERITY 1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH		AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN			
FAMILIARITY WITH STRUCTURE 1. <input type="checkbox"/> LESS THAN 1 DAY. 2. <input type="checkbox"/> 1 TO 7 DAYS. 3. <input type="checkbox"/> 8 TO 30 DAYS. 4. <input type="checkbox"/> 1 TO 2 MONTHS. 5. <input type="checkbox"/> 3 TO 6 MONTHS. 6. <input type="checkbox"/> 7 TO 12 MONTHS. 7. <input checked="" type="checkbox"/> OVER 1 YEAR. 8. <input type="checkbox"/> NOT A STRUCTURE. 9. <input type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.								
LOCATION AT IGNITION 1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING. 2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES. 3. <input checked="" type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE. 4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE. 5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY. 6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION. 8. <input type="checkbox"/> NOT A FIRE CASUALTY. 9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.								
CONDITION BEFORE INJURY 1. <input type="checkbox"/> ASLEEP. 2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP. 3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL. 4. <input type="checkbox"/> UNDER RESTRAINT. 5. <input type="checkbox"/> TOO YOUNG TO ACT. 6. <input type="checkbox"/> TOO OLD TO ACT. 7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE. 8. <input type="checkbox"/> AWAKE, UNIMPAIRED. 9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.								
CONDITION PREVENTING ESCAPE 1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY. 2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT. 3. <input type="checkbox"/> LOCKED DOOR. 4. <input type="checkbox"/> ILLEGAL GATES, LOCKS. 5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING. 6. <input type="checkbox"/> MOVED TOO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES. 7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION. 8. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR. 9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.								
ACTIVITY AT TIME OF INJURY 1. <input type="checkbox"/> ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT. 3. <input type="checkbox"/> FIRE CONTROL. 4. <input type="checkbox"/> RESPONSE/RETURN. 5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP. 6. <input type="checkbox"/> SLEEPING. 7. <input type="checkbox"/> UNABLE TO ACT. 8. <input type="checkbox"/> IRRATIONAL ACTION. 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED. CAUSE OF INJURY 1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY. 2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS. 3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO. 5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE. 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.								
NATURE OF INJURY (MOST SERIOUS) 1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE. 2. <input type="checkbox"/> BURNS ONLY. 3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY. 4. <input type="checkbox"/> WOUND, CUT, BLEEDING. 5. <input type="checkbox"/> DISLOCATION, FRACTURE. 6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES. 7. <input type="checkbox"/> SHOCK. 8. <input type="checkbox"/> STRAIN, SPRAIN. 9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.								
PART OF BODY INJURED 1. <input type="checkbox"/> HEAD, NECK. 2. <input type="checkbox"/> BODY, TRUNK, BACK. 3. <input type="checkbox"/> ARM. 4. <input type="checkbox"/> LEG. 5. <input type="checkbox"/> HAND. 6. <input type="checkbox"/> FOOT. 7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART. 8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS. 9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED. DISPOSITION 1. <input type="checkbox"/> REFUSED HELP. 2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED. 3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE. 4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE. 5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL. 6. <input checked="" type="checkbox"/> DIED. 9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.								
PERSON MAKING REPORT <u>Charles M. Britt, Jr.; Fire Marshal</u>						CASUALTY NUMBER <u>89117</u>		

WHITE, DEPARTMENT COPY - CANARY, COUNTY COPY - PINK, STATE COPY





**N.C. STATE FIRE COMMISSION**  
**DEPARTMENT OF INSURANCE**  
**P.O. Box 26387**  
**RALEIGH, N.C. 27611**  
**NORTH CAROLINA FIRE CASUALTY REPORT**  
Smith's FIRE DEPARTMENT

1. ☐ DELETE  
 2. ☐ CHANGE

FDID <u>07822</u>	INCIDENT NO. <u>11/14/94</u>	EXP. NO. <u>11/18/94</u>	MO. <u>11</u>	DAY <u>18</u>	YR. <u>94</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>14:05</u>	TIME - "IN SERVICE" <u>14/13</u>
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CASUALTY LAST NAME <u>Dial</u>	FIRST NAME <u>Larry</u>	MI. <u>J</u>	D.O.B. MO. <u>12</u> YR. <u>83</u>	AGE <u>15</u>	TIME OF INJURY <u>14:05</u>
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HOME ADDRESS  
Route #2, Box 146 HJ, Maxton, N.C. 28364

SEX 1. <input checked="" type="checkbox"/> MALE 2. <input type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
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FAMILIARITY WITH STRUCTURE

1. <input type="checkbox"/> LESS THAN 1 DAY. 2. <input type="checkbox"/> 1 TO 7 DAYS.	3. <input type="checkbox"/> 8 TO 30 DAYS. 4. <input type="checkbox"/> 1 TO 2 MONTHS.	5. <input type="checkbox"/> 3 TO 6 MONTHS. 6. <input type="checkbox"/> 7 TO 12 MONTHS.	7. <input checked="" type="checkbox"/> OVER 1 YEAR. 8. <input type="checkbox"/> NOT A STRUCTURE.
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0. ☐ FAMILIARITY UNDETERMINED OR NOT REPORTED.

LOCATION AT IGNITION

1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.
2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES.	6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.
3. <input checked="" type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.	8. <input type="checkbox"/> NOT A FIRE CASUALTY.
4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.
	0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.

CONDITION BEFORE INJURY

1. <input type="checkbox"/> ASLEEP. 2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP. 3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL.	4. <input type="checkbox"/> UNDER RESTRAINT. 5. <input type="checkbox"/> TOO YOUNG TO ACT. 6. <input type="checkbox"/> TOO OLD TO ACT.	7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE. 8. <input type="checkbox"/> AWAKE, UNIMPAIRED.
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9. ☐ CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.  
 0. ☒ CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.

CONDITION PREVENTING ESCAPE.

1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY. 2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT. 3. <input type="checkbox"/> LOCKED DOOR. 4. <input type="checkbox"/> ILLEGAL GATES, LOCKS. 5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING.	6. <input type="checkbox"/> MOVED TOO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES. 7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION. 8. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR. 9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.
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ACTIVITY AT TIME OF INJURY

1. <input type="checkbox"/> ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT. 3. <input type="checkbox"/> FIRE CONTROL. 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	4. <input type="checkbox"/> RESPONSE/RETURN. 5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP. 6. <input type="checkbox"/> SLEEPING. 7. <input type="checkbox"/> UNABLE TO ACT. 8. <input type="checkbox"/> IRRATIONAL ACTION.	CAUSE OF INJURY 1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY. 2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS. 3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.	4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO. 5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE.
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NATURE OF INJURY (MOST SERIOUS)

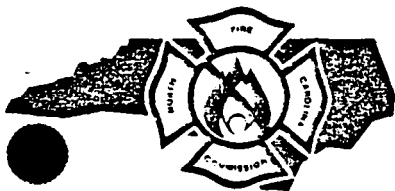
1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE. 2. <input type="checkbox"/> BURNS ONLY. 3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY. 4. <input type="checkbox"/> WOUND, CUT, BLEEDING. 5. <input type="checkbox"/> DISLOCATION, FRACTURE.	6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES. 7. <input type="checkbox"/> SHOCK. 8. <input type="checkbox"/> STRAIN, SPRAIN. 9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.
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PART OF BODY INJURED

1. <input type="checkbox"/> HEAD, NECK. 2. <input type="checkbox"/> BODY, TRUNK, BACK 3. <input type="checkbox"/> ARM. 4. <input type="checkbox"/> LEG. 5. <input type="checkbox"/> HAND. 6. <input type="checkbox"/> FOOT.	7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART. 8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS. 9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	DISPOSITION 1. <input type="checkbox"/> REFUSED HELP. 2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED. 3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE. 4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE. 5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL. 6. <input checked="" type="checkbox"/> DIED. 9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.
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PERSON MAKING REPORT  
Charles M. Britt, Jr. : Fire Marshal

CASUALTY NUMBER  
819118



## N.C. STATE FIRE COMMISSION

DEPARTMENT OF INSURANCE

P.O. Box 26387

RALEIGH, N.C. 27611

## NORTH CAROLINA FIRE CASUALTY REPORT

Smith's

FIRE DEPARTMENT

1. ☐ DELETE  
2. ☐ CHANGE

FDID <u>07822</u>	INCIDENT NO. <u>11/4914</u>	EXP. NO. <u>11</u>	MO. <u>11</u>	DAY <u>18</u>	YR. <u>89</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>4:05</u>	TIME IN SERVICE <u>14113</u>
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GA.	CASUALTY LAST NAME <u>Hunt</u>	FIRST NAME <u>Melissa</u>	MI. <u>S</u>	MO. <u>7</u>	YR. <u>78</u>	AGE <u>11</u>	TIME OF INJURY <u>4:05</u>
GB.	HOME ADDRESS <u>Route #2, Box 146 HJ, Maxton, N.C. 28364</u>						
GC.	SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN			
GD-1.	FAMILIARITY WITH STRUCTURE 1. <input type="checkbox"/> LESS THAN 1 DAY. 2. <input type="checkbox"/> 1 TO 7 DAYS. 3. <input type="checkbox"/> 8 TO 30 DAYS. 4. <input type="checkbox"/> 1 TO 2 MONTHS. 5. <input type="checkbox"/> 3 TO 6 MONTHS. 6. <input type="checkbox"/> 7 TO 12 MONTHS. 7. <input checked="" type="checkbox"/> OVER 1 YEAR. 8. <input type="checkbox"/> NOT A STRUCTURE. 0. <input type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.						
GD-2.	LOCATION AT IGNITION 1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING. 2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES. 3. <input checked="" type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE. 4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE. 5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY. 6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION. 8. <input type="checkbox"/> NOT A FIRE CASUALTY. 9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.						
GD-3.	CONDITION BEFORE INJURY 1. <input type="checkbox"/> ASLEEP. 2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP. 3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL. 4. <input type="checkbox"/> UNDER RESTRAINT. 5. <input type="checkbox"/> TOO YOUNG TO ACT. 6. <input type="checkbox"/> TOO OLD TO ACT. 7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE. 8. <input type="checkbox"/> AWAKE, UNIMPAIRED. 9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.						
GE-1.	CONDITION PREVENTING ESCAPE 1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY. 2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT. 3. <input type="checkbox"/> LOCKED DOOR. 4. <input type="checkbox"/> ILLEGAL GATES, LOCKS. 5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING. 6. <input type="checkbox"/> MOVED TO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES. 7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION. 8. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR. 9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.						
GE-2.	ACTIVITY AT TIME OF INJURY 1. <input type="checkbox"/> ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT. 3. <input type="checkbox"/> FIRE CONTROL. 4. <input type="checkbox"/> RESPONSE/RETURN. 5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP. 6. <input type="checkbox"/> SLEEPING. 7. <input type="checkbox"/> UNABLE TO ACT. 8. <input type="checkbox"/> IRRATIONAL ACTION. 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED. CAUSE OF INJURY 1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY. 2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS. 3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO. 5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE. 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.						
GF-1.	NATURE OF INJURY (MOST SERIOUS) 1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE. 2. <input type="checkbox"/> BURNS ONLY. 3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY. 4. <input type="checkbox"/> WOUND, CUT, BLEEDING. 5. <input type="checkbox"/> DISLOCATION, FRACTURE. 6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES. 7. <input type="checkbox"/> SHOCK. 8. <input type="checkbox"/> STRAIN, SPRAIN. 9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.						
GF-2.	PART OF BODY INJURED 1. <input type="checkbox"/> HEAD, NECK. 2. <input type="checkbox"/> BODY, TRUNK, BACK. 3. <input type="checkbox"/> ARM. 4. <input type="checkbox"/> LEG. 5. <input type="checkbox"/> HAND. 6. <input type="checkbox"/> FOOT. 7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART. 8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS. 9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED. DISPOSITION 1. <input type="checkbox"/> REFUSED HELP. 2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED. 3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE. 4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE. 5. <input type="checkbox"/> TAKEN TO, OTHER THAN A HOSPITAL. 6. <input checked="" type="checkbox"/> DIED. 9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.						

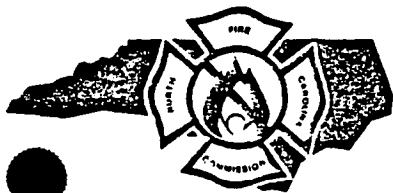
PERSON MAKING REPORT

Charles M. Britt, Jr. Fire Marshal

CASUALTY NUMBER

819119

WHITE, DEPARTMENT COPY - CANARY, COUNTY COPY - PINK, STATE COPY



**N.C. STATE FIRE COMMISSION**  
**DEPARTMENT OF INSURANCE**  
**P.O. Box 26387**  
**RALEIGH, N.C. 27611**  
**NORTH CAROLINA FIRE CASUALTY REPORT**

Smith's FIRE DEPARTMENT

1. ☐ DELETE  
 2. ☐ CHANGE

FDID <u>07822</u>	INCIDENT NO. <u>11494</u>	EXP. NO. <u>1</u>	MO. <u>11</u>	DAY <u>18</u>	YR. <u>89</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>1405</u>	TIME IN SERVICE <u>1413</u>
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CASUALTY LAST NAME <u>HUNT</u>	FIRST NAME <u>Alisha</u>	MI. <u>A</u>	D.O.B. <u>4-77</u>	AGE <u>12</u>	TIME OF INJURY <u>1405</u>
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HOME ADDRESS  
Route #2, Box 146 HJ; Maxton N.C. 28364

SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input type="checkbox"/> INJURY 2. <input checked="" type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
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FAMILIARITY WITH STRUCTURE

1. <input type="checkbox"/> LESS THAN 1 DAY.	3. <input type="checkbox"/> 8 TO 30 DAYS.	5. <input type="checkbox"/> 3 TO 6 MONTHS.	7. <input checked="" type="checkbox"/> OVER 1 YEAR.
2. <input type="checkbox"/> 1 TO 7 DAYS.	4. <input type="checkbox"/> 1 TO 2 MONTHS.	6. <input type="checkbox"/> 7 TO 12 MONTHS.	8. <input type="checkbox"/> NOT A STRUCTURE.
9. <input type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.			

LOCATION AT IGNITION

1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.
2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES.	6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.
3. <input checked="" type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.	8. <input type="checkbox"/> NOT A FIRE CASUALTY.
4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.
	0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.

CONDITION BEFORE INJURY

1. <input type="checkbox"/> ASLEEP.	4. <input type="checkbox"/> UNDER RESTRAINT.	7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE.
2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP.	5. <input type="checkbox"/> TOO YOUNG TO ACT.	8. <input type="checkbox"/> AWAKE, UNIMPAIRED.
3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL.	6. <input type="checkbox"/> TOO OLD TO ACT.	
9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.		
0. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.		

CONDITION PREVENTING ESCAPE

1. <input type="checkbox"/> NO TIME TO ESCAPE; EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.	6. <input type="checkbox"/> MOVED TO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES.
2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT.	7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION.
3. <input type="checkbox"/> LOCKED DOOR.	8. <input type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.
4. <input type="checkbox"/> ILLEGAL GATES, LOCKS.	9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.
5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING.	0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.

ACTIVITY AT TIME OF INJURY 1. <input type="checkbox"/> ESCAPING. 2. <input type="checkbox"/> RESCUE ATTEMPT. 3. <input type="checkbox"/> FIRE CONTROL. 4. <input type="checkbox"/> RESPONSE/RETURN. 5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP. 6. <input type="checkbox"/> SLEEPING. 7. <input type="checkbox"/> UNABLE TO ACT. 8. <input type="checkbox"/> IRRATIONAL ACTION. 9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE. 0. <input checked="" type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	CAUSE OF INJURY 1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY. 2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS. 3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2). 4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO. 5. <input type="checkbox"/> OVEREXERTION. 6. <input type="checkbox"/> RUBBED BY, CONTACT WITH. 7. <input type="checkbox"/> STRUCK BY. 8. <input type="checkbox"/> NOT APPLICABLE. 9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.
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NATURE OF INJURY (MOST SERIOUS)

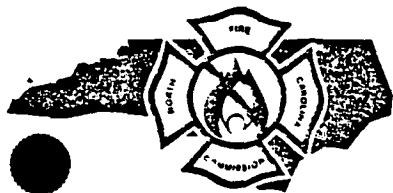
1. <input checked="" type="checkbox"/> BURNS AND ASPHYXIA/SMOKE.	6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES.
2. <input type="checkbox"/> BURNS ONLY.	7. <input type="checkbox"/> SHOCK.
3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY.	8. <input type="checkbox"/> STRAIN, SPRAIN.
4. <input type="checkbox"/> WOUND, CUT, BLEEDING.	9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE.
5. <input type="checkbox"/> DISLOCATION, FRACTURE.	0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.

PART OF BODY INJURED 1. <input type="checkbox"/> HEAD, NECK. 2. <input type="checkbox"/> BODY, TRUNK, BACK. 3. <input type="checkbox"/> ARM. 4. <input type="checkbox"/> LEG. 5. <input type="checkbox"/> HAND. 6. <input type="checkbox"/> FOOT. 7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART. 8. <input checked="" type="checkbox"/> MULTIPLE BODY PARTS. 9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	DISPOSITION 1. <input type="checkbox"/> REFUSED HELP. 2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED. 3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE. 4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE. 5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL. 6. <input type="checkbox"/> DIED. 9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE. 0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.
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PERSON MAKING REPORT  
Charles M. Britt, Jr. Fire Marshal

CASUALTY NUMBER  
891210

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## N.C. STATE FIRE COMMISSION

DEPARTMENT OF INSURANCE

P.O. Box 26387

RALEIGH, N.C. 27611

## NORTH CAROLINA FIRE CASUALTY REPORT

*Smith's*

FIRE DEPARTMENT

1. ☐ DELETE  
2. ☐ CHANGE

FDID <i>07822</i>	INCIDENT NO. <i>114914</i>	EXP. NO. <i>1</i>	MO. <i>11</i>	DAY <i>18</i>	YR. <i>81</i>	DAY OF THE WEEK <i>7</i>	ALARM TIME <i>1405</i>	TIME-- "IN SERVICE" <i>1413</i>
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CASUALTY LAST NAME <i>Tyndall</i>	FIRST NAME <i>Richard</i>	MI. <i>E.</i>	D.O.B. MO. <i>1</i> YR. <i>22</i>	AGE <i>22</i>	TIME OF INJURY <i>1405</i>
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HOME ADDRESS <i>Route #2 Maxton, NC 28364</i>	<i>Red Hill Trailer Park RPR 1309+1312</i>
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SEX 1. <input checked="" type="checkbox"/> MALE 2. <input type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input type="checkbox"/> FIRE CASUALTY 2. <input checked="" type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input checked="" type="checkbox"/> INJURY 2. <input type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
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FAMILIARITY WITH STRUCTURE			
1. <input type="checkbox"/> LESS THAN 1 DAY.	3. <input type="checkbox"/> 8 TO 30 DAYS.	5. <input type="checkbox"/> 3 TO 6 MONTHS.	7. <input type="checkbox"/> OVER 1 YEAR.
2. <input type="checkbox"/> 1 TO 7 DAYS.	4. <input type="checkbox"/> 1 TO 2 MONTHS.	6. <input type="checkbox"/> 7 TO 12 MONTHS.	8. <input type="checkbox"/> NOT A STRUCTURE.
0. <input checked="" type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.			

LOCATION AT IGNITION		5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.	
1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.		6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.	
2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES.		8. <input type="checkbox"/> NOT A FIRE CASUALTY.	
3. <input type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.		9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.	
4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.		0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.	

CONDITION BEFORE INJURY			
1. <input checked="" type="checkbox"/> ASLEEP.	4. <input type="checkbox"/> UNDER RESTRAINT.	7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE.	
2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP.	5. <input type="checkbox"/> TOO YOUNG TO ACT.	8. <input type="checkbox"/> AWAKE, UNIMPAIRED.	
3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL.	6. <input type="checkbox"/> TOO OLD TO ACT.		
9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.			
0. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.			

CONDITION PREVENTING ESCAPE		6. <input type="checkbox"/> MOVED TOO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES.	
1. <input type="checkbox"/> NO TIME TO ESCAPE; EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.		7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION.	
2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT.		8. <input checked="" type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.	
3. <input type="checkbox"/> LOCKED DOOR.		9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.	
4. <input type="checkbox"/> ILLEGAL GATES, LOCKS.		0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.	
5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING.			

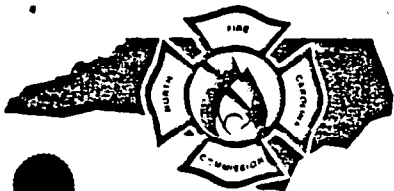
ACTIVITY AT TIME OF INJURY		CAUSE OF INJURY	
1. <input type="checkbox"/> ESCAPING.	4. <input type="checkbox"/> RESPONSE/RETURN.	1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY.	4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO.
2. <input checked="" type="checkbox"/> RESCUE ATTEMPT.	5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP.	2. <input type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS.	5. <input type="checkbox"/> OVEREXERTION.
3. <input type="checkbox"/> FIRE CONTROL.	6. <input type="checkbox"/> SLEEPING.	3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2).	6. <input type="checkbox"/> RUBBED BY, CONTACT WITH.
9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.	7. <input type="checkbox"/> UNABLE TO ACT.	7. <input type="checkbox"/> STRUCK BY.	8. <input type="checkbox"/> NOT APPLICABLE.
0. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	8. <input type="checkbox"/> IRRATIONAL ACTION.	9. <input checked="" type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.

NATURE OF INJURY (MOST SERIOUS)		6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES.	
1. <input type="checkbox"/> BURNS AND ASPHYXIA/SMOKE.		7. <input type="checkbox"/> SHOCK.	
2. <input type="checkbox"/> BURNS ONLY.		8. <input type="checkbox"/> STRAIN, SPRAIN.	
3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY.		9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE.	
4. <input checked="" type="checkbox"/> WOUND, CUT, BLEEDING.		0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.	
5. <input type="checkbox"/> DISLOCATION, FRACTURE.			

PART OF BODY INJURED		DISPOSITION	
1. <input type="checkbox"/> HEAD, NECK.	7. <input type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.	1. <input type="checkbox"/> REFUSED HELP.	
2. <input type="checkbox"/> BODY, TRUNK, BACK.	8. <input type="checkbox"/> MULTIPLE BODY PARTS.	2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.	
3. <input type="checkbox"/> ARM.	9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE.	3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.	
4. <input type="checkbox"/> LEG.	0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE.	
5. <input checked="" type="checkbox"/> HAND.		5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.	
6. <input type="checkbox"/> FOOT.		6. <input type="checkbox"/> DIED.	
		9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.	
		0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.	

PERSON MAKING REPORT <i>Charles M. Britt, Jr.; Fire Marshal</i>	CASUALTY NUMBER <i>8191213</i>
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N.C. STATE FIRE COMMISSION  
DEPARTMENT OF INSURANCE  
P.O. Box 26387  
RALEIGH, N.C. 27611  
NORTH CAROLINA FIRE CASUALTY REPORT

Smith's

FIRE DEPARTMENT

1. ☐ DELETE  
2. ☐ CHANGE

FDID <u>07822</u>	INCIDENT NO. <u>11/14/94</u>	EXP. NO. <u>11</u>	MO. <u>11</u>	DAY <u>18</u>	YR. <u>89</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>4:05</u>	TIME— "IN SERVICE" <u>4:13</u>
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CASUALTY LAST NAME <u>Locklear</u>	FIRST NAME <u>Joanne</u>	MI. <u>MO</u>	D.O.B. <u>10/24</u>	AGE <u>25</u>	TIME OF INJURY <u>4:15</u>
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HOME ADDRESS <u>Route #3 Box 252 A Marion, N.C. 28364</u>	<u>844-5563</u>
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SEX 1. <input type="checkbox"/> MALE 2. <input checked="" type="checkbox"/> FEMALE	CASUALTY TYPE 1. <input checked="" type="checkbox"/> FIRE CASUALTY 2. <input type="checkbox"/> ACTION CASUALTY	SEVERITY 1. <input checked="" type="checkbox"/> INJURY 2. <input type="checkbox"/> DEATH	AFFILIATION 1. <input type="checkbox"/> FIRE SERVICE 2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL 3. <input checked="" type="checkbox"/> CIVILIAN
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FAMILIARITY WITH STRUCTURE			
1. <input type="checkbox"/> LESS THAN 1 DAY. 2. <input type="checkbox"/> 1 TO 7 DAYS.	3. <input type="checkbox"/> 8 TO 30 DAYS. 4. <input type="checkbox"/> 1 TO 2 MONTHS.	5. <input type="checkbox"/> 3 TO 6 MONTHS. 6. <input type="checkbox"/> 7 TO 12 MONTHS.	7. <input type="checkbox"/> OVER 1 YEAR. 8. <input type="checkbox"/> NOT A STRUCTURE.
0. <input checked="" type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.			

LOCATION AT IGNITION		5. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.	
1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES.	6. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.	8. <input type="checkbox"/> NOT A FIRE CASUALTY.
3. <input checked="" type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.	4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	9. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> LOCATION OF CASUALTY AT TIME OF IGNITION UNDETERMINED OR NOT REPORTED.

CONDITION BEFORE INJURY			
1. <input checked="" type="checkbox"/> ASLEEP.	4. <input type="checkbox"/> UNDER RESTRAINT.	7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE.	
2. <input type="checkbox"/> BEDRIDDEN, OTHER PHYSICAL HANDICAP.	5. <input type="checkbox"/> TOO YOUNG TO ACT.	8. <input type="checkbox"/> AWAKE, UNIMPAIRED.	
3. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL.	6. <input type="checkbox"/> TOO OLD TO ACT.	9. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.	
0. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.			

CONDITION PREVENTING ESCAPE		6. <input type="checkbox"/> MOVED TO SLOWLY. INCLUDED ARE FAILURES TO FOLLOW CORRECT (AVAILABLE) ESCAPE PROCEDURES.	
1. <input type="checkbox"/> NO TIME TO ESCAPE: EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.	2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT.	7. <input type="checkbox"/> VICTIM INCAPACITATED PRIOR TO IGNITION.	8. <input checked="" type="checkbox"/> NO CONDITIONS PREVENTED ESCAPE OR NOT A FACTOR.
3. <input type="checkbox"/> LOCKED DOOR.	4. <input type="checkbox"/> ILLEGAL GATES, LOCKS.	9. <input type="checkbox"/> CONDITION PREVENTING ESCAPE NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> CONDITION PREVENTING ESCAPE UNDETERMINED OR NOT REPORTED.
5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING.			

ACTIVITY AT TIME OF INJURY		CAUSE OF INJURY	
1. <input type="checkbox"/> ESCAPING.	4. <input type="checkbox"/> RESPONSE/RETURN.	1. <input type="checkbox"/> CAUGHT IN, UNDER, BETWEEN; TRAPPED BY.	4. <input type="checkbox"/> FELL OR STEPPED ON, OVER, INTO.
2. <input checked="" type="checkbox"/> RESCUE ATTEMPT.	5. <input type="checkbox"/> CLEANUP, SALVAGE, MOP-UP.	2. <input checked="" type="checkbox"/> EXPOSED TO FIRE PRODUCTS. INCLUDED ARE FLAME, HEAT, SMOKE, AND GAS.	5. <input type="checkbox"/> OVEREXERTION.
3. <input type="checkbox"/> FIRE CONTROL.	6. <input type="checkbox"/> SLEEPING.	3. <input type="checkbox"/> EXPOSED TO CHEMICALS, RADIATION. EXCLUDED ARE FIRE PRODUCTS (2).	6. <input type="checkbox"/> RUBBED BY, CONTACT WITH.
9. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.	7. <input type="checkbox"/> UNABLE TO ACT.	7. <input type="checkbox"/> STRUCK BY.	8. <input type="checkbox"/> NOT APPLICABLE.
0. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	8. <input type="checkbox"/> IRRATIONAL ACTION.	9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.

NATURE OF INJURY (MOST SERIOUS)		6. <input type="checkbox"/> COMPLAINT OF PAIN. INCLUDED ARE HEART ATTACKS AND STROKES.	
1. <input type="checkbox"/> BURNS AND ASPHYXIA/SMOKE.	2. <input checked="" type="checkbox"/> BURNS ONLY.	7. <input type="checkbox"/> SHOCK.	8. <input type="checkbox"/> STRAIN, SPRAIN.
3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY.	4. <input type="checkbox"/> WOUND, CUT, BLEEDING.	9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.
5. <input type="checkbox"/> DISLOCATION, FRACTURE.			

PART OF BODY INJURED		DISPOSITION	
1. <input type="checkbox"/> HEAD, NECK.	7. <input checked="" type="checkbox"/> INTERNAL. INCLUDED ARE RESPIRATORY SYSTEM AND HEART.	1. <input type="checkbox"/> REFUSED HELP.	2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.
2. <input type="checkbox"/> BODY, TRUNK, BACK.	8. <input type="checkbox"/> MULTIPLE BODY PARTS.	3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.	4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE.
3. <input checked="" type="checkbox"/> ARM.	9. <input type="checkbox"/> PART OF BODY INJURED NOT CLASSIFIED ABOVE.	5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.	6. <input type="checkbox"/> DIED.
4. <input type="checkbox"/> LEG.	0. <input type="checkbox"/> PART OF BODY INJURED UNDETERMINED OR NOT REPORTED.	9. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.	0. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.
5. <input type="checkbox"/> HAND.			
6. <input type="checkbox"/> FOOT.			

PERSON MAKING REPORT <u>Charles M. Britt, Jr.; Fire Marshal</u>	CASUALTY NUMBER <u>8191212</u>
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WHITE, DEPARTMENT COPY - CANARY, COUNTY COPY - PINK, STATE COPY